

<u>NATIONAL PERFORMANCE MEASURE</u>	Data Year		Indicator	Objective	Objective met	
	03	04			Y	N
1. Percent of newborns who are screened and confirmed with conditions mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) and who receive appropriate follow up as defined by their State.		X	100.0%	100.0%	Y	
2. Percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.		X	66.6%	68.6%		N – almost
3. Percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.		X	57.1%	59.1%		N – almost
4. Percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.		X	66.6%	67.6%		N – almost
5. Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.		X	80.7%	82.7%		N - almost
6. Percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life.		X	5.8%	7.8%		N - almost
7. Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.		X	80.6%	83%		N - almost
8. Rate of birth (per 1,000) for teenagers aged 15 through 17 years.	X		15.5	15.7	Y	
9. Percent of third grade children who have received protective sealants on at least one permanent molar tooth.		X	47.0%	49.5%		N - almost
10. Rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.	X		3.6	3.3		N - almost
11. Percentage of mothers who breastfeed their infants at hospital discharge.	X		71.0%	71.0%	Y	
12. Percentage of newborns who have been screened for hearing before hospital discharge.		X	94.5%	94%	Y	
13. Percent of children without health insurance.	X		2.0%	3.0%	Y	
14. Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.		X	83.6%	93.8%		N
15. Percent of very low birth weight infants among all live births.	X		1.3%	1.0%		N
16. Rate (per 100,000) of suicide deaths among youths aged 15 through 19.	X		11.2	7.0		N

<u>NATIONAL PERFORMANCE MEASURE</u>	Data Year		Indicator	Objective	Objective met	
	03	04			Y	N
17. Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.	X		80%	74.5%	Y	
18. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	X		84.7%	84.7%	Y	

C. NATIONAL PERFORMANCE MEASURES

NPM 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective				100	100
Annual Indicator			100.0	100.0	100.0
Numerator			84	95	124
Denominator			84	95	124
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100

Notes - 2002

Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2002. The number of infants that were confirmed with a condition through newborn screening that receive appropriate follow-up care. Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2002. The number of infants confirmed with a condition through newborn screening. This performance measure focuses on whether state newborn screening programs are ensuring that infants picked up on newborn screening are receiving appropriate follow-up care. The old Performance Measure #4 measured the percentage of infants born in the state and screened by newborn screening.

Notes - 2003

Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2003. The number of infants that were confirmed with a condition through newborn screening and who receive appropriate follow-up care. Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2003. The number of screened through NBS and confirmed with a condition. Wisconsin screens for 26 congenital disorders. Every newborn with an abnormal NBS result is tracked by the NBS Program to a normal result or appropriate clinical care.

Notes - 2004

Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2004. The number of infants that were confirmed with a condition through newborn screening and who receive appropriate follow-up care. Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2004. The number of screened through NBS and confirmed with a condition. Wisconsin screens for 26 congenital disorders. Every newborn with an abnormal NBS result is tracked by the NBS Program to a normal result or appropriate clinical care.

a. Last Year's Accomplishments

Impact on National Outcome Measures: The Wisconsin NBS Program is a core public health program that is a collaborative effort between DHFS and the State Lab of Hygiene. The NBS Program specified in Wis. State Statute 253.13 and Administrative Rule HFS 115, is a population-based service that mandates all infants born in Wisconsin be screened for congenital disorders.

Report of 2004 Major Activities

1. Newborn Screening--Population-Based Services--Infants

In 2004, 68,894 infants were screened for 26 different congenital disorders.

2. Diagnostic Services--Direct Health Care Services--CSHCN

In 2004, 124 infants were confirmed with a condition screened for by the NBS Program, and 100% were referred for appropriate follow-up care.

3. Diagnostic Services--Direct Health Care Services--CSHCN

The Department provides necessary diagnostic services, special dietary treatment as prescribed by a physician for a patient with a congenital disorder and follow-up counseling for the patient and his or her family.

4. Development of Educational Materials--Enabling Services--Mothers and Infants

The Education subcommittee of the NBS Advisory Group produced fact sheets for genetic counseling of families of infants identified with galactosemia, sickle cell trait, hemoglobin D trait, hemoglobin C trait, as well as cystic fibrosis carriers. The fact sheets are available to healthcare professionals throughout Wisconsin to provide patient education and genetic counseling to families.

5. Newborn Screening--Infrastructure Building Services--Infants

The "Wisconsin-Family Symposium of Newborn Screening for the Amish and Mennonite Populations" brought together stakeholders from DPH, the State Lab of Hygiene, the University of Wisconsin Waisman Biochemical Genetics Clinic, as well as midwives, care providers in the Amish and Mennonite communities, and families from within the Amish and Mennonite communities. Participants at the symposium had the opportunity to dialogue regarding building systems of care that reach the growing Amish and Mennonite populations in WI with NBS services.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Newborn Screening			X	
2. Diagnostic Services - Infants	X			
3. Diagnostic Services - Congenital Disorders	X			
4. Development of Educational Materials		X		
5. Newborn Screening - Amish and Mennonite Populations				X

b. Current Activities

1. Newborn Screening--Population-Based Services--Infants

The Wisconsin NBS Program currently screens all infants for 26 congenital disorders.

2. Newborn Screening Advisory Group--Infrastructure Building Services--Infants

The NBS Advisory Group and its Cystic Fibrosis, Metabolic, Hemoglobinopathy, and Endocrine subcommittees are developing action plans for expected follow-up activities in the newborn screening lab when a "possible" or "definite" abnormal result is obtained to ensure that all available resources are utilized to locate infants and arrange for necessary follow-up testing.

3. Region 4 Genetics Collaborative--Infrastructure Building Services--Infants

The Wisconsin NBS Program is participating in the HRSA "Region 4 Genetics Collaborative" grant. The regional collaborative allows states to share expertise in new technologies and best practice models to maximize available newborn screening resources.

4. Newborn Screening--Infrastructure Building Services--Infants

The State Lab of Hygiene is developing a protocol for NBS of Mennonite infants known to be at risk for MSUD, to optimize the screening and diagnostic process and decrease time to treatment for affected infants.

c. Plan for the Coming Year

1. Newborn Screening--Population-Based Services--Infants

All infants born in Wisconsin will be screened at birth for a minimum of 26 congenital disorders.

2. Newborn Screening Advisory Group--Infrastructure Building Services--Infants

The Newborn Screening Advisory Group and its Cystic Fibrosis, Metabolic, Hemoglobinopathy, Endocrine, and Education subcommittees will meet biannually to advise the Department regarding emerging issues and technology in NBS.

3. Newborn Screening Education--Enabling Services--Mothers and Infants

The NBS Advisory Group Education subcommittee will pilot a project to increase parental awareness of NBS at the time of the heel stick. The project will involve providing birthing hospitals with stickers containing a NBS message that may be affixed on or near an infant's bassinet at the time of the heel stick to alert parents that the blood draw for the NBS test has been completed.

4. Purchase of PKU Formula and Food Products--Direct Health Care Services--CSHCN

The Department will develop a web-based data tracking system for NBS dietary services, including the provision of dietary formulas and medical food products to children with conditions screened for by NBS to more effectively monitor use of this service.

NPM 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective				67.6	68.6
Annual Indicator			66.6	66.6	66.6
Numerator			47,819	47,819	47,819
Denominator			71,816	71,816	71,816
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	69.6	70.6	71.6	72.6	73.6

Notes - 2002

Source: SLAITS CSHCN Survey. Numerator: Weighted Wisconsin-specific data. Denominator: Weighted Wisconsin-specific data. Data issues: These are new data from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if they partner in decision making and are satisfied with the services they receive was 275. Because of the small sample size, Wisconsin will be examining other sources of information for future years to supplement the national data.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

1. Information and Referral Satisfaction Survey--Direct Health Care Services--CSHCN

The information and referral satisfaction survey is an ongoing survey that continued throughout 2004 in order to assure the services, provided through the CSHCN Program, are meeting the needs of the families. An "Annual Program Evaluation Report" was developed and distributed during the last six months of 2004. The report provides a satisfaction summary with the information and referral services received from the CSHCN Program.

2. Financial support to County Parent Liaisons--Infrastructure Building Services--CSHCN

Financial support was provided to over 70 CPLs to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators--Infrastructure Building Services--CSHCN

The CSHCN Program integrated the Parent Consultant role in several staff positions. More emphasis was placed to promote parent involvement in the Medical Home Initiative to assure a family centered perspective is maintained and parent partners are supported throughout the process. In addition, each of the five Regional CSHCN Centers employed a parent coordinator. The Wisconsin First Step Hotline employed parents with children with special health care needs to provide information and referral. There was continuing support for a CPL in each of Wisconsin's 72 counties.

4. Participation of families on advisory committees to the MCH and CSHCN Program--Infrastructure Building Services--CSHCN

The role of families has been strengthened as they participate on the NBS Advisory Committee, EHDI Planning Workgroup, Council for Birth Defect Prevention and Surveillance, and MCH Advisory Committee. Title V has become a leader in assuring parents are represented on advisory committees and has helped other programs locate and include a parent in an advisory capacity.

5. Parent input into the MCH Block Grant Application--Infrastructure Building Services--CSHCN

We requested the number of parents providing input into the 2005 MCH Block Grant Application by requesting input from over 500 parents who attended the annual families conference called Circles of Life. Additionally, methods of gathering parent input for the Needs Assessment was discussed as we began the process this past fall.

6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices--Population-Based Services--CSHCN

In 2004, Family Voices received a CMS grant to develop the above named Center. The CSHCN Program was actively involved in the planning and implementation of activities related to this grant including the development of fact sheets for families, developing training to families regarding health benefits and coordinating information and assistance services across the state so that families can access information easier.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Information and Referral Satisfaction Survey	X			
2. Financial Support to County Parent Liaisons				X
3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators				X
4. Participation of families on advisory committees to the MCH and CSHCN Program				X
5. Parent input into the MCH Block Grant Application				X
6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices			X	

b. Current Activities

1. Information and Referral Satisfaction Survey--Direct Health Care Services--CSHCN

The CSHCN Program will continue to assure families are satisfied with those services received from the Regional CSHCN Centers including information and referral, parent to parent support and service coordination.

2. Financial support to County Parent Liaisons--Population-Based Services--CSHCN

Financial support is continuing to be provided to CPLs to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators--Infrastructure Building Services--CSHCN

The continued employment of parent consultants at all five Regional CSHCN Centers, parent consultants at the First Step Hotline, and the support of a CPL in each of the counties is continuing throughout 2005. The Medical Home Initiative assures a family centered perspective.

4. Participation of families on advisory committees to the MCH and CSHCN Program--Infrastructure Building Services--CSHCN

Parents continue to be utilized in a variety of advisory capacities including parent partners on the Medical Home Practice Teams, parents serving as advisors to the Newborn Screening Program, Early Hearing Detection and Intervention Project, Birth Defects and Surveillance Program, and MCH Advisory.

5. Participation of families as active partners in the Wisconsin Medical Home Initiative--Infrastructure Building Services--CSHCN

Parents continue to act as partners on the primary care practice teams as we continue to develop Medical Homes within Wisconsin.

6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices- Population-Based Services--CSHCN

In 2005, the CSHCN Program continues to be actively involved in the implementation of activities related to this grant including the development of a training and lead trainers regarding health benefits.

7. Coordination with Family Leadership and Support- Population-Based Services--CSHCN

Title V staff work closely in partnership with a wide variety of Family Leadership and Support Programs and/or Initiatives to develop, plan and implement activities related to families. Coordination occurs with parent organizations such as Wisconsin Family Voices, Wisconsin Family Ties, FACETS, Parents as Leaders and Parents in Partnership Training Initiative, Family Action Network and the Parent to Parent Matching Program.

c. Plan for the Coming Year

1. Financial support to Parent Leaders--Population-Based Services--CSHCN

Financial support will be provided to Parent Leaders to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

2. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators--Infrastructure Building Services--CSHCN

A statewide Family Centered Care Consultant (FCCC) will work closely with a strong local parent network consisting of parents at each of the five Regional CSHCN Centers, parent specialists at the First Step Hotline, and Parent Leaders.

3. Participation of families on advisory committees to the MCH and CSHCN Program--Infrastructure Building Services--CSHCN

Parents will continue to be utilized in a variety of advisory capacities including parent partners on the Medical Home Practice Teams, parents serving as advisors to the Newborn Screening Program, Early Hearing Detection and Intervention Project, Birth Defects and Surveillance Program, and MCH Advisory. A focus group will be conducted to develop strategies to increase participation of parents from diverse backgrounds.

4. Coordination with Family Leadership and Support- Population-Based Services--CSHCN

Title V staff will work closely in partnership with a wide variety of Family Leadership and Support Programs and/or Initiatives to develop, plan and implement activities related to families. Coordination occurs with parent organizations such as Wisconsin Family Voices, Wisconsin Family Ties, FACETS, Parents as Leaders and Parents in Partnership Training Initiative, Family Action Network and the Parent to Parent Matching Program.

In 2006, the CSHCN Program will formalize a relationship with WI Family Voices to provide a newsletter to families, provide training to families across the State, and support parent leaders actively involved in the implementation of activities related to systems of care for CSHCN.

5. Participation of families as active partners in the Wisconsin Medical Home Initiative--Infrastructure Building Services--CSHCN

Parents will continue to act in an advisory committee as we plan and develop Medical Homes within Wisconsin.

NPM 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective				58.1	59.1
Annual Indicator			57.1	57.1	57.1
Numerator			98,758	98,758	98,758
Denominator			173,017	173,017	173,017
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	60.1	61.1	62.1	63.1	64.1

Notes - 2002

Source: SLAITS CSHCN Survey. Numerator: Weighted Wisconsin-specific data.

Denominator: Weighted Wisconsin-specific data. Data issues: These are new data from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if the child receives coordinated, ongoing, comprehensive care within a medical home was 707. Because of the small sample size, Wisconsin will be examining other sources of information for future years to supplement the national data.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

1. Medical Home Learning Collaborative--Infrastructure Building Services--CSHCN

A Wisconsin Medical Home Learning Collaborative was held with nine primary care practice teams participating. Each of the practice teams consisted of a physician, a parent partner and a nurse or office staff person involved with care coordination. Each practice team met individually throughout the year and received facilitation from a CSHCN Regional Center staff person. All of the practice teams and facilitators attended three Learning Sessions, held in May, September and December of 2004. These sessions focused on identification of CSHCN within their individual practice, care coordination/care plan development for CSHCN, involving parents and family members, transitioning of youth to adult care, financing care coordination services, and community resources/support services for families. Each learning session utilized the rapid cycle improvement methodology to promote quality improvement initiatives within the practices. Monthly conference calls were conducted with the practice facilitator. Additionally, all of the participants received a wide array of materials and resources during the Learning Collaborative Sessions. All of the documents have been compiled to be utilized in the development of a Wisconsin specific version of a Medical Home Toolkit. Medical Home Indexes collected pre/post participation in the Collaborative demonstrated improvements in all domains.

2. Medical Home Policy Oversight--Infrastructure Building Services--CSHCN

The MCH Advisory Committee was updated at each meeting throughout 2004 regarding Medical Home initiatives and provided recommendations regarding future activities. The CSHCN Program partnered with the Medical College of Wisconsin, Children's Hospital of Wisconsin and the WIAAP in submitting an application for a Blue Cross Blue Shield planning grant. Additionally, the CSHCN Program continued to work with ABC for Health and Medicaid partners to develop policies that result in increased reimbursement for services provided by primary care physicians.

3. Medical Home Outreach--Population-Based Services--CSHCN

Information about the Medical and Dental Home was distributed through the MCH/CSHCN Update, the WIAAP newsletter, the Wisconsin Medical Journal, along with presentations at a variety of conferences.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical Home Learning Collaborative				X
2. Medical Home Policy Oversight				X
3. Medical Home Outreach			X	

b. Current Activities

1. Medical Home Education and Training--Enabling Services--CSHCN

All of the practice teams from 2004 agreed to continue to be part of the Wisconsin Medical Home Initiative involving regular meetings with their facilitator and attendance at one Medical Home Learning Summit. This Summit was held May 5th & 6th and focused on cultural competence, communication issues related to primary and specialty care, and spreading the concept to other physicians and administrators. Four teleconferences are occurring in 2005 to continue to share updates of practice activities and provide knowledge on the topics of utilizing statewide CSHCN data, developmental screening and health literacy and linguistic competence. The National Medical Home Autism Initiative at the Waisman Center has partnered with the Wisconsin Medical Home Initiative on several education and training sessions.

2. Medical Home Outreach--Population-Based Services--CSHCN

Outreach to different statewide publications and opportunities are continuing throughout 2005. A particular focus has been on educating families on this concept. A keynote presentation at Circles of Life by a parent on Medical Home was well received by over 500 family members in April. A training being offered to parents across the State in 2005 by Regional CSHCN Centers and Family Voices includes the concepts of Medical Home. The Wisconsin Medical Home Learning Collaborative experience is also being shared with other Title V states.

3. Medical Home and Community Supports--Infrastructure Building Services--CSHCN

Each of the Regional CSHCN Centers are meeting with 2-5 additional practices within their region to provide information about community resources and offer technical assistance with referrals and information for families of CSHCN. The Southern Regional CSHCN Center with the CSHCN Program will pilot a model follow up process to connect children identified by the Wisconsin Birth Defects Registry and their families and primary care providers to community resources and to promote the concepts of Medical Home. The CSHCN Program staff is also part of the Regional Genetics Initiative - Medical Home Committee. This committee's work will focus on promoting elements of Medical Home and developing necessary supports to assist primary care providers as it relates to the newborn screening program.

c. Plan for the Coming Year

1. Medical Home Education and Training--Enabling Services--CSHCN

The CSHCN Program will offer a Medical Home Learning Summit in 2006 as well as continue to provide educational opportunities to family members and youth about the concept of medical home.

2. Medical Home and Community Supports--Infrastructure Building Services--CSHCN

The Regional CSHCN Centers will continue to develop relationships with individual providers in their region to assist with community connections, information and referrals. As part of the newly funded Wisconsin Integrated Systems for Communities Initiative (WISC-I) grant, the CSHCN Program will partner with the 2 major pediatric tertiary centers in the state (Children's Hospital of Wisconsin and the University of Wisconsin - Children's Hospital) and their clinics to plan a Medical Home Learning Collaborative that will focus on the relationships of tertiary/primary care, in particular as they relate to the transition from pediatric to adult health care services. Under the WISC-I grant, the National Medical Home Autism Initiative will continue to be a partner with the Wisconsin Medical Home Initiative.

3. Medical Home Outreach--Population-Based Services--CSHCN

Outreach to different statewide publications and opportunities will continue in 2006. Dissemination of a Wisconsin specific toolkit will occur throughout the year. The concepts of Medical Home will continue to be integrated in the Wisconsin Sound Beginnings (Early Hearing Detection and Intervention) and Congenital Disorders (blood spot newborn screening) Program activities.

NPM 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective				66.6	67.6
Annual Indicator			66.6	66.6	66.6
Numerator			117,664	117,664	117,664
Denominator			176,641	176,641	176,641
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	68.6	69.6	70.6	71.6	72.6

Notes - 2002

Source: SLAITS CSHCN Survey. Numerator: Weighted Wisconsin-specific data. Denominator: Weighted Wisconsin-specific data. Data issues: These are new data from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if the child has adequate private and/or public insurance to pay for the services they need was 720. Because of the small sample size, Wisconsin will be looking for other sources of information for future years to supplement the national data.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

1. Health Benefits Services--Enabling Services--CSHCN

The provision of health benefits counseling is a required component of the Regional CSHCN Centers. During 2004, the Regional Centers continued to provide consultation to families in collaboration with ABC for Health, Inc. a public interest law firm working for health care access for children and families, particularly families of CSHCN. Additionally, ABC for Health staff were supported to provide a training for Medical Home practice teams regarding Health Insurance Coverage for children within a medical practice and to provide a presentation at Circles of Life, a conference attended by over 500 family members regarding strategies to work with health insurance issues.

2. Access to Health Insurance--Infrastructure Building Services--CSHCN

The Regional CSHCN Centers provided a leadership role to local Health Watch Committees. The local Health Watch Committees consisted of parents and professionals from a variety of organizations who came together to identify, educate and address particular health issues within their region of the state. The Regional CSHCN Centers facilitated the development of a plan to be implemented the following year particularly related to address health insurance coverage needs for CSHCN and their families.

3. Dental Care for CSHCN--Infrastructure Building Services--CSHCN

Last year, Medicaid began providing coverage for fluoride varnish as a covered service when placed on teeth by medical providers. Regional CSHCN Centers were involved in sharing this information with families of young children with special needs as part of their referral and assistance role.

4. Access to Dental Care Services--Direct Health Care Services--CSHCN

Guard Care took place in 2004 and provided dental sealants and health exams for the uninsured and underinsured population.

5. Mental Health for CSHCN--Infrastructure Building--CSHCN

CSHCN staff worked with WUMH on an effort targeting school administrators to reduce stigma. Additionally, input was provided into the Wisconsin Initiative for Infant Mental Health plan which was embraced by the Governors "KidsFirst" Agenda.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Health Benefits Services		X		
2. Access to Health Insurance				X
3. Dental Care for CSHCN				X
4. Access to Dental Care Services	X			
5. Mental Health for CSHCN				X

b. Current Activities

1. Health Benefits Services--Enabling Services--CSHCN

As ABC for Health's capacity to provide health benefits counseling diminishes, the Regional CSHCN Centers are developing a methodology to increase their capacity to provide health benefits counseling at a more in-depth level. In an effort to strengthen the skills and increase the knowledge of the Regional CSHCN Centers, the staff are working on developing competencies and a corresponding self-assessment tool related to the provision of health benefits counseling. By the end of 2005, each Center will use the materials developed to determine what competencies are met and what specific training needs they have.

2. Access to Health Insurance--Infrastructure Building Services--CSHCN

The Regional CSHCN Centers continue to provide a leadership role to local Health Watch Committees. Action steps from the plans developed in 2004 are being implemented within each Region by the Center Staff and Health Watch partners.

3. Access to Dental Care Services--Infrastructure Building Services--CSHCN

The Regional Oral Health Consultants serve the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including

children with special health care needs. SmileAbilities was featured as a break out session at the Circles of Life Conference to assist families in promoting oral health for children with special health care needs.

4. Mental Health Services for CSHCN--Infrastructure Building Services--CSHCN

The CSHCN Health Promotion Consultant serves on the Wisconsin Infant Mental Health Initiative Steering Committee which lends guidance to the Initiative on implementing the Wisconsin Infant and Early Childhood Mental Health Plan. DHFS created an Infant Mental Health Leadership Team to address the infant mental health goal in the Governor's KidsFirst Initiative, support the Infant Mental Health and Early Childhood Plan for Wisconsin, and to spearhead the Department's Infant Mental Health Action Plan. The Leadership Team's charge is to identify ways that DHFS can weave infant mental health best practices and principles into the Department's programs and services in order to promote healthy child development and promote prevention, early intervention and treatment.

5. Family Education and Training--Enabling Services--CSHCN

The CSHCN Program is working closely with Family Voices of Wisconsin to develop a training curriculum for family members regarding health insurance and community supports. The curriculum will be piloted in July and finalized in August. Utilizing a Train the Trainer model, a group of parent leaders will receive the curriculum and implement the training in each of the regions of the State with ongoing support available from the Regional CSHCN Centers.

c. Plan for the Coming Year

1. Health Benefits Services--Enabling Services--CSHCN

The Regional CSHCN Center staff will receive training related to the self-identified training needs to assure all Centers have the same skill level to provide high quality health benefits counseling.

2. Access to Health Insurance--Infrastructure Building Services--CSHCN

The Regional CSHCN Centers will continue to participate in local Health Watch Committees to contribute to the identification and addressing of health related needs for CSHCN.

3. Family Education and Training--Enabling Services--CSHCN

The parent trainers of Family Voices of Wisconsin will continue to offer family members the training regarding health insurance and community supports with the support of the Regional CSHCN Centers.

NPM 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective				81.7	82.7
Annual Indicator			80.7	80.7	80.7
Numerator			57,768	57,768	57,768
Denominator			71,620	71,620	71,620
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	83.7	84.7	85.7	86.7	87.7

Notes - 2002

Source: SLAITS CSHCN Survey. Numerator: Weighted Wisconsin-specific data.

Denominator: Weighted Wisconsin-specific data. Data issues: These are new data from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if the family of the child reports that community-based service systems are organized so they can use them easily was 275. Because of the small sample size, Wisconsin will be looking for other sources of information for future years to supplement the national data.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

1. Access to Case Management Services--Direct Health Care Services--CSHCN

The five Regional CSHCN Centers in conjunction with the LHDs provided case management (formerly called service coordination) to families with a child with special health care needs. Over 11% of the families served by the Regional Centers CSHCN Centers received Case Management Services.

2. Access to Information and Referral Services--Enabling Services--CSHCN

The five Regional CSHCN Centers continued to refer families to community agencies including programs such as early intervention, family support, Katie Beckett, and respite services. Over 690 families received referral and follow up services to assist them in accessing community based programs and services.

3. Community based Services--Infrastructure Building Services--CSHCN

The Title V CSHCN Program continued to work collaboratively with many partners to assure children with specific diagnoses can access community-based services easily. These collaborative partnerships included the Comprehensive School Health Action Council ; the

Department of Public Instruction Parent Educator Project and WI FACETS, the Parent Training and Information Center; the Wisconsin Asthma Coalition; the Special Needs Adoption Program; the Lead Prevention and Treatment Program; the Diabetes Program; Wisconsin Infant Mental Health Association; the Early Hearing, Detection, and Intervention Program and the Emergency Services for Children initiative.

4. Planning and Implementing CSHCN Projects--Infrastructure Building Services--CSHCN

The WI Title V CSHCN Program participated in planning and implementing the following projects during 2004:

- Provided technical assistance to Birth to 3 Providers as implementation of the Nutritional Screening Tool begins.
- Implemented a referral web site for physicians to refer children identified with a birth defect to early intervention, a Regional CSHCN Center, and the a LHD.
- Provided technical assistance to the LHDs that conducted a Needs Assessment as they complete the projects identified as next steps including the development of a community resource map, a directory of local providers and the development of community consortiums to develop stronger partnerships within their community.
- Participate on the Children's Long Term Care Redesign Committee as it implements a functional screen eligibility program for families in select counties identified as pilot sites.
- In collaboration with the Wisconsin Council on Mental Health, developed a plan to address the top identified needs of respite services, insurance parity and crisis services.
- Utilized results of a local public health needs assessment conducted by 46 LHDs to develop community based interventions to address the needs identified.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Access to Case Management Services	X			
2. Access to Information and Referral Services		X		
3. Community Based Services				X
4. Planning and Implementing CSHCN Projects				X

b. Current Activities

1. Access to Service Coordination Services--Direct Health Care Services--CSHCN

The five Regional CSHCN Centers in conjunction with the LHDs continues to provide service coordination to families with a child with special health care needs.

2. Access to Information and Referral Services--Enabling Services--CSHCN

The five Regional CSHCN Centers continues to refer families to agencies including programs such as early intervention, family support, Katie Beckett, and respite services.

3. Community Based Services--Population-Based Services--CSHCN

The Title V CSHCN Program continues to work collaboratively with many partners to assure children with specific diagnoses can access community-based services easily. These collaborative partnerships will include:

- Attend monthly Comprehensive School Health Action Council meetings.
- Attend regular meetings at the State and Regional Level with the Department of Public Instruction Parent Educator project and WI FACETS, the Parent Training and Information Center.

- Participate on the statewide Wisconsin Asthma Coalition to implement an asthma action plan that expands and improves the quality of asthma education, prevention, management, and services, and eliminates the disproportionate burden of asthma in racial/ethnic minority and low income populations
- Assist with the implementation of the Wisconsin Infant Mental Health Association strategic plan for WI addressing the areas of training, policy and public awareness around issues of infant and early childhood mental health.
- Continue to provide staff time and co-sponsorship to the Circles of Life Planning Conference to offer opportunities for parents to gain knowledge of community based services

4. Planning and Implementing Community based Projects--Infrastructure Building Services--CSHCN

Working in partnership with other funding sources, the WI Title V CSHCN Program continues to participate in planning and implementing the following projects during 2005:

- Statewide training of Providers to address nutritional needs of children with special health care needs.
- Evaluate the five Regional CSHCN Centers to determine how best services can be provided to families in the next five year grant cycle.
- Be an active partner on the Children's Long Term Care Redesign Committee as the pilot sites implement community based waiver options for children.

c. Plan for the Coming Year

1. Access to Service Coordination, Consultation and Referral and Follow-Up Services--Direct Health Care Services--CSHCN

The five Regional CSHCN Centers will continue to serve families through health teaching, consultation problem-solving and referral and follow-up services. The LHDs will have the option to choose serving CSHCN through case management and referral and follow-up services during the consolidated contract negotiation process.

2. Community Based and System Based Services--Population-Based Services--CSHCN

As the newly revised Regional CSHCN Center model is implemented in January of 2006, local community capacity grants will be awarded to local community partners to address one aspect of the six core performance objectives for CSHCN. The community capacity grants will allow communities to build upon resources and develop local systems of care for CSHCN.

3. Planning and Implementing Community Based Projects--Infrastructure Building Services--CSHCN

Working in partnership with other funding sources, the WI Title V CSHCN Program will plan and implement the following projects during 2006:

- Implement a newly revised model for the Regional CSHCN Centers
- Use the statewide GAC system to manage and monitor the objectives and fiscal operation of the CSHCN Program
- Provide technical assistance to recipients of local community capacity grants to monitor, evaluate and support the objectives of the capacity grant.

NPM 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective				6.8	7.8
Annual Indicator			5.8	5.8	5.8
Numerator			64,727	64,727	64,727
Denominator			1,116,374	1,116,374	1,116,374
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	7.8	8.0	8.5	9.0	9.5

Notes - 2002

Source: SLAITS CSHCN Survey. Data issues: Maine is the only state that met the NCHS standards for reliability for PM 6; therefore, the 2002 indicator we use is the national average.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. State data was not robust enough to use; therefore national data is shown. Projections for 2005-2009 are very rough estimates. We expect to have state-level data from the Wisconsin Family Health Survey in time for next year to supplement and adjust projections (if necessary).

a. Last Year's Accomplishments

The CSHCN Program worked closely with the University of Wisconsin - Waisman Center, the CSHCN Program's Healthy Ready to Work (HRTW) designee. The Waisman Center is one of five Title V funded Regional CSHCN Centers in Wisconsin and uses its HRTW expertise to provide leadership and technical assistance to the other four Centers. The Waisman CSHCN Center 800 line doubles as the "Statewide Transitions Information and Referral Hotline". The State CSHCN Program and other Regional Centers participate with the Waisman Center in the HRTW Statewide Interagency Transition Consortium. During 2004, 477 youth with special health care needs (YSHCN) received information and/or training provided or facilitated by the Waisman HRTW Project working through the CSHCN Program and/or the five Program funded Regional CSHCN Centers.

1. Outreach--Population Based Service--CSHCN

The CSHCN Program co-sponsored the annual Circles of Life Conference for Wisconsin parents and providers where the HRTW Project funded the concurrent Gathering of Youth. Calls to Wisconsin First Step (CSHCN/Birth -3 resource hotline) with questions on youth with special health care needs transition resources or procedures are referred to the Waisman Center HRTW Project hotline and website and HRTW coordinates a Wisconsin Transition list serve. Centers assist in data gathering by documenting transition services they provide as well as needs that go unmet.

2. Training--Infrastructure Building Services--CSHCN

HRTW and CSHCN Centers conducted a series of trainings for high school students, their teachers and parents regarding Transition IEP's. Youth, parents, educators and other community service providers received training on the "PATH" person--centered self-determination process. HRTW provided nine workshops to parents/providers on supporting youth in their health care decision making. CSHCN Program established a Wisconsin Medical Home Learning Collaborative with 9 primary care practices. As part of that Collaborative the Learning Session 3 focused on the issues of transitions. HRTW provided participating pediatric practices with expertise and insights while learning what information is needed by doctors to assist YSHCN in transitioning to adult providers. Each practice received transition specific resource packets and technical assistance.

3. State Partnership Building--Infrastructure Building Services--CSHCN

CSHCN Program designated the Waisman Center HRTW Project as the state applicant for the Champions for Progress Incentive Grant. This grant funded an initiative designed to learn from youth what they need for successful transitioning. Information learned from "Youth on Health" will help guide the development of a CSHCN Youth Advisory Council.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Outreach			X	
2. Training		X		
3. State Partnership Building				X

b. Current Activities

1. Training and Outreach--Training Infrastructure Building Services and Outreach Population Based Service--CSHCN

Each Regional Center provides at least one transition training for youth, parents, and/or service providers. Outreach in the Southeast Region includes "community connectors" who are available to provide more in-depth applications of person-centered life planning and asset based community development models for Latino communities. All Centers provide training related to guardianship issues. HRTW, Department of Public Instruction (DPI), and Division of Vocational Rehabilitation (DVR) continue to provide funding and resources for week-long "Transition Camp" that provides disabled teens with an opportunity to be away from home, with peers and have fun as they learn about transitioning. DPI's State Improvement Grant (SIG) for Transition funded four 8-week courses developed by HRTW that teaches youth with disabilities the concepts of personal safety at home, at work, and in public.

2. State Partnership Building--Infrastructure Building Services--CSHCN

HRTW Project worked with Social Security Administration (SSA) and the state Division Disabilities and Elder Services (DDES) to include transition questions in a new functional screen for children with long-term care needs. The CSHCN Program and Waisman Center HRTW partnered with funding received from "Champions for Progress" grant to initiate "Youth on Health". This process included four Collaborative Problem Solving (CPS) sessions. Three of the sessions included youth from across the state, and one session was held at a Hispanic community center in inner city Milwaukee with all participants primarily Spanish speakers. Some of what was learned includes the report by many YSHCN participants that they have thus far learned to take little responsibility for managing their health care. Thirteen of the 32 youth participating

reported having had no discussion of, nor plan for transitioning to adult health care. Several participants reported having difficulty getting listened to and/or having their special needs appropriately addressed in emergency room and hospital care settings. Some of the additional concerns expressed by these youth included insurance coverage issues and the lack of information about health care. Information from "Youth on Health" CPS sessions will be used in the Five Year Title V Needs Assessment and Block Grant Application.

c. Plan for the Coming Year

1. State Partnership Building--Infrastructure Building Services--CSHCN

Transitions for YSHCN has been identified as a major focus for the CSHCN Program in the newly MCHB funded Wisconsin Integrated System for Communities Initiative (WISC-I). Anticipating the conclusion of HRTW in June 2005 the CSHCN Program will continue to support the Transition Consortium and the transition list serve through a contract with the Waisman Center. Consortium members will be invited to participate with the CSHCN Program in a comprehensive strategic action planning process with the goal of assuring healthy transitions for Wisconsin's CYSHCN. In addition, the CSHCN Program with the Waisman Center will establish a Youth Advisory Council (YAC) based on the information learned from HRTW and the Champions grant. The Regional CSHCN Centers will continue to support transition activities at the local and regional level along with continued participation on the Consortium. As part of implementation of WISC-I the CSHCN Program will plan a Medical Home Learning Collaborative with youth, families, tertiary care providers, administrators, and primary care providers that will look at transition from pediatric to adult care services. The two major pediatric tertiary centers have agreed to participate. The anticipated outcome as part of WISC-I is the establishment of mechanisms to support transitions at the tertiary care level.

2. Outreach and Training--Training Infrastructure Building Services and Outreach Population Based Service--CSHCN

The CSHCN Program in partnership with the Waisman Center and other Regional CSHCN Centers will disseminate the many training and technical assistance materials developed by the HRTW over its four years of operation. Included are: curriculum for community safety awareness and empowerment, a guide for involving youth with disabilities in organization activities, a training packet for youth and/or families on health care awareness/advocacy, videos on legal decision-making at age 18, successful transition stories, and topic specific fact sheets. For example, training will be conducted for the over 100 school districts regarding the safety curriculum. Regional Centers will continue to provide technical assistance to local communities and medical home providers.

Wisconsin's CSHCN Program through the continuation of the Transition Consortium, anticipated continuation of the regional CSHCN center concept, and establishment of the YAC will continue collaborating with families, youth and other transition stakeholders in training and public awareness activities as well as planning and service design.

NPM 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	90	78	78.5	79	83
Annual Indicator	77.6	78.4	77.4	82.6	80.6
Numerator	683	690	681	727	709
Denominator	880	880	880	880	880
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	83.5	84.0	84.5	85.0	85.5

Notes - 2002

The data from the national immunization survey for Wisconsin for SFY 2002 demonstrates an estimated level for series complete among children two year (i.e., 19-35 months) of age to be 77.4%. Series complete is defined as 4 DTaP, 3 polio, 1 MMR, 3 Hib and 3 Hep B vaccine doses. The numerator is 681 and the denominator is 880. This estimate is a slight drop from the last year's (78.4%). We revised our objectives accordingly.

Notes - 2003

Source: National immunization survey for Wisconsin for SFY 2003 (July 1, 2002--June 30, 2003) with 4 DTaP:3 polio:1 MMR:3 Hep B :3 Hib among children 19-35 months of age for Wisconsin is 82.6% (727/880). The national goal for 2010 is 90%, we revised our objectives accordingly.

Notes - 2004

Source: National immunization survey for Wisconsin for SFY 2004 (July 1, 2003--June 30, 2004) with 4 DTaP:3 polio:1 MMR:3 Hep B :3 Hib among children 19-35 months of age for Wisconsin is 80.6% (709/880, a slight drop from last year's indicator of 82.6%. We speculate the drop may be due to the on and off again DTaP vaccine shortage or vaccine safety issues. Although the national goal for 2010 is 90%, we have slightly revised our objectives to reflect this year's data and program expertise.

a. Last Year's Accomplishments

1. Providing, Monitoring, and Assuring Immunizations--Direct Health Care Services--Children, including CSHCN

All 93 LHDs provided immunizations to persons in their jurisdiction with funding from the state Immunization Program. Nine LHDs worked directly with child care providers using Title V funds to monitor immunization services of children attending child care, referring those children needing immunizations to appropriate resources, using consolidated contract funds. The data from the national immunization survey for Wisconsin for SFY 2004 (January 1, 2004-June 30, 2004) with 4 DTaP; 3 Polio; 1 MMR; 3 Hep B; 3 Hib among children 19-35 months of age for Wisconsin is 80.6%. Compared to SFY 2003, this is a slight drop in the indicator for SFY 2004. We speculate this drop may be due to DTaP vaccine shortage or vaccine safety issues.

2. Coordination with WIC and the state Immunization Programs and enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers and infants and children, including CSHCN

All of the WIC providers during 2004, enrolled in the WIR. Currently we have over 952 immunization providers and some 2,500 schools with access to WIR with a total of 11,330 users throughout the state. These providers account for 24 million immunizations given to 3.3 million clients. The Wisconsin Immunization Program cost shares with WIC to conduct immunization assessments and refers at WIC voucher pick-up. WIR automatically updates immunization schedule changes into the recall system.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

Beginning in July 2004, influenza vaccine became part of the routine childhood immunization schedule; recommendations include vaccination of healthy children aged 6-23 months because these children are at substantially increased risk of influenza-related hospitalization and are largely responsible for the community spread of influenza.

4. Tracking Children at Age Two Enrolled in Medicaid--Population-Based Services--Children, including CSHCN

This is tracking to meet requirements of the Government Performance and Result Act (GPRA). The base line among Medicaid enrolled Wisconsin children ages 19-35 months who are series complete* was 41% in 2001, this rose to 55% in 2002, and there was a slight decline to 54% in 2003. [*Series complete = 4DTaP, 3 polio, 1 MMR, 3 Hib, and 3 Hep B].

5. Racial and Ethnic Disparities in Milwaukee--Population-Based Services--Pregnant women and mothers

The two-year study funded by CDC to look at racial and ethnic disparities in Milwaukee related to adults receiving preventive influenza and pneumonia vaccines continued through 2004.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Providing, Monitoring, and Assuring Immunizations	X			
2. Coordination with WIC and the State Immunization Programs & Enrollment in the Wisconsin Immunization Registry (WIR)				X
3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program				X
4. Tracking children at age 2 enrolled in Medicaid			X	
5. Racial and ethnic disparities in Milwaukee			X	
6. Local Immunization Coalitions in Wisconsin			X	
7. The Hallmark immunization greeting card project			X	

b. Current Activities

1. Providing, Monitoring and Assuring Immunizations--Direct Health Care Services--Children, including CSHCN

All 93 LHDs receive state Immunization Program funding. Twelve LHDs are using MCH funding to address child health including immunization in child care settings.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

WIR plans to support and maintain WIC sites as registry program participants. Immunization data will be provided by the state Immunization Program to the Title V MCH/CSHCN Program for required annual reporting.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in recommended changes in the immunization schedule will be tracked by the state Immunization Program. Currently, Wisconsin has fifteen local immunization coalitions, all focusing on increasing immunization rates and reducing vaccine-preventable diseases throughout the state.

4. Tracking Children at Age Two Enrolled in Medicaid--Population-Based Services--Children, including CSHCN

The statewide tracking of Medicaid-enrolled children at age two with up-to-date immunizations will continue through 2004. The goal remains at 90%.

5. Racial and Ethnic Disparities in Milwaukee--Population-Based Services--Pregnant women and mothers

For the Milwaukee READII (Racial and Ethnic Adult Disparities in Immunization Initiative) efforts, a coalition of Milwaukee's community leaders, health care providers and other organizations has been formed to plan, identify and provide vaccines for the African Americans, Hispanic and Asian communities.

6. Local Immunization Coalitions in Wisconsin

Currently, Wisconsin has 15 local immunization coalitions, all focusing on increasing immunization rates and reducing vaccine-preventable diseases throughout the state. Local Coalitions utilize both federal Healthy People 2010 goals and state guidance documents (Wisconsin State Health Plan) to strive for reaching 2010 immunization objectives.

7. The Hallmark immunization greeting card project was initiated on January 29, 2004 with a kickoff press conference including Governor James Doyle and first lady Jessica Doyle at the Sinai Samaritan Hospital in Milwaukee.

The cards, which are cosigned by the Governor and First Lady, are being mailed to all newborn children that are approximately 6 weeks of age. Along with card we included the standard wallet size Wisconsin Immunization Record and information about where to obtain immunizations. The cards will be sent to approximately 68,000 parents of newborn children during 2004. The Hallmark immunization greeting card project has already established in many other states and is endorsed by the CDC.

c. Plan for the Coming Year

1. Providing, Monitoring and Assuring Immunizations--Direct Health Care Services--Children, including CSHCN

Title V funding will continue to support LHDs interested in providing or assuring primary care services to young children, including immunization monitoring and compliance. This activity

will continue to take place in child care settings (among other sites) throughout the state. State Immunization Program funds will continue to support all LHDs to provide/assure immunizations to those they serve.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

The state Immunization Program will continue partnerships with the Title V MCH/CSHCN Program, LHDs, the WIC Program, the Medicaid Program, tribes, and CHCs. The statewide registry will be expanded and refined as experience and policy changes dictate. The provision of needed data requirements by the Title V MCH/CSHCN Program will be provided annually by the state Immunization Program.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in subsequent policy changes or clinical practices will be tracked by the state Immunization Program. Timely information updates will be shared by the state Immunization Program with appropriate partners.

4. Tracking Children at Age Two Enrolled in Medicaid--Population-Based Services--Children, including CSHCN

Statewide tracking of Medicaid-enrolled children with up-to-date immunization status at age two will continue.

NPM 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	19.0	18.7	18.5	15.7	15.4
Annual Indicator	18.8	18.1	16.0	15.5	
Numerator	2,225	2,167	1,898	1,861	
Denominator	118,365	119,615	118,293	119,722	
Is Data Provisional or Final				Final	
	2005	2006	2007	2008	2009
Annual Performance Objective	15.1	14.8	14.5	14.2	14.0

Notes - 2002

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infants Deaths, 2001, Madison, Wisconsin, 2001. Denominator: Wisconsin Bureau of Health Information, Census Estimates, 1999. Data issues: Data for CY2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy, Wisconsin Births and Infants Deaths, 2003, Madison, Wisconsin, 2005. Denominator: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health

Information. Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish/>, Population Module, accessed 03/01/2005.

Notes - 2004

Data issues: Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

NPM #8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years

Impact on National Outcome Measures: Wisconsin's 2003 Youth Risk Behavior Survey reveals that 37% of students have ever had sex (down from 47% in 1993). Wisconsin's teen birth rate for preliminary 2003 ages 15-17 was 15.5 (Wisconsin Births and Infant Deaths, 2003) while the United States teen birth rate was 22.4 (National Vital Statistics Report, Vol. 53, No. 9, 2004). Since 1999, Wisconsin has experienced a decline in this rate. Ongoing efforts toward teen pregnancy prevention should continue this decline.

2004 Accomplishments:

1. Pregnancy and pregnancy prevention services for adolescents--Direct Health care Services--Adolescents

Through the performance-based contracts, a number of LHDs and others community --based organizations continued to provide perinatal and other health care services to teenagers, including reproductive health care. The Division of Public Health continued to administer grants to two community-based organizations to provide pregnancy testing, counseling, education and intensive case management to over 100 high-risk pregnant and parenting teens.

2. Health education and training--Enabling Services--Adolescents

The Adolescent Pregnancy Prevention Committee conducted three statewide teleconferences with state, local and community stakeholders focused on the topics of the DHFS Family Planning Waiver; Abstinence/HIV/STD/Teen Pregnancy Prevention Strategies linkages to healthiest Wisconsin 2010; and the Importance of Relationship Education.

3. Implementation of Wisconsin's Medicaid family Planning Waiver--Population-Based Services--Adolescents

Wisconsin's Medicaid Family Planning Waiver (FPW) benefit was implemented January 2003. It provides family planning services and supplies for women 15 through 44 who are at or below 185% of the federal poverty level (FPL). The main goal of the project is to help women avoid unintended pregnancy. In 2004, the FPW benefit helped 15,763 female teen-aged 15-19 years old.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

The Wisconsin Abstinence Initiative for Youth (WAIY) continued to operate under the auspices of DPH in 2004. Accomplishments included the implementation of teen abstinence clubs across the state and the development of WAIY Teen Coordinators (True Life Youth Speaker Team) who functioned as leaders and liaisons for the clubs. Additionally, in 2004, DPH received a CDC-Abstinence/HIV/STD Supplemental Grant from the Department of Health and Family Services to improve the coordination, communication and collaboration amongst the above stakeholders. A

community networking event for segments of the above stakeholders was held in 2004 for 42 participants.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Pregnancy and pregnancy prevention services for adolescents	X			
2. Health education and training		X		
3. Implementation of Wisconsin's Medicaid Family Planning Waiver			X	
4. Abstinence activities and resource development				X

b. Current Activities

1. Pregnancy and pregnancy prevention services for adolescents--Direct Health Care Services--Adolescents

As in 2004, through the performance-based contracts, LHDs continue to provide perinatal and other health care services, including reproductive health care. Two revised contracts were issued to currently funded community-based agencies who will continue their reproductive health outreach efforts to high-risk pregnant and parenting teens.

2. Health education and training--Enabling Services--Adolescents

The Adolescent Pregnancy Prevention Committee (APPC) continues to redefine its role and mission to that of an information sharing network for a variety of partners and stakeholders involved in a range of prevention and reproductive efforts. For the spring of 2005, APPC will be hosting nine youth listening sessions across the state gathering their views and voices to help us better shape our program and policy direction.

3. Implementation of Wisconsin's Medicaid family Planning Waiver--Population-Based Services--Adolescents

The Family Planning Waiver benefit continues to provide direct pregnancy prevention and reproductive health to adolescents. A total of 16,382 were enrolled as of March 31, 2005.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

The Wisconsin Abstinence Initiative for Youth (WAIY) joined the effort of other state and community leaders and practitioners to attend a joint DHFS/DPI-CDC Abstinence/HIV/STD/Teen Pregnancy capacity building event in March, 2005. A total of 62 participants attended. CDC-DPI awarded DHFS another year of an Abstinence/HIV/STD Supplemental Grant to further our collaborative partnership efforts for these prevention and reproductive health stakeholders.

c. Plan for the Coming Year

1. Pregnancy and pregnancy prevention services for adolescents--Direct Health Care Services--Adolescents

In the fall of 2005, LHDs will enter into performance-based contracting negotiations for all LHDs and these agencies will choose from a number of perinatal and reproductive health objectives with which they will address in the 2006 calendar year. Additionally, it is anticipated that the two community-based grants for outreach to high-risk pregnant and parenting teens will continue under another revised contract.

2. Health education and training--Enabling Services--Adolescents

The Adolescent Pregnancy Prevention Committee (APPC) will provide an executive summary of the youth listening sessions held in 2005 and share them with all key members and stakeholders.

Additionally, APPC will work with the Health Care Education and Training agency to provide a statewide inventory and analysis of all key prevention and adolescent reproductive health organizations and providers for the purpose of identifying strengths, weaknesses, and gaps. This information will be shared with state and local partners.

3. Implementation of Wisconsin's Medicaid Family Planning Waiver--Population-Based Services--Adolescents

The Family Planning Waiver (FPW) outreach and services will continue to reach 15-44 year olds who are at or below 185% FPL.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

As part of continued CDC-DPI Abstinence/HIV/STD/Grant, The Division of Public Health and the Department Public Instruction will be developing a central website that will consist of key data on sexual risky behavior (teen births, HIV, STD, abstinence) for youth under the age of 20 covering the period of 1993-2003.

NPM 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	33.2	34.9	48.5	49.0	49.5
Annual Indicator	33.2	47.0	47.0	47.0	47.0
Numerator	24,900	1,554	34,134	34,134	34,134
Denominator	75,000	3,307	72,626	72,626	72,626
Is Data Provisional or Final				Provisional	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	50	50	50	50	50

Notes - 2002

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health "Make Your Smile Count" survey of third grade children, 2001-02.

Denominator: the number of third grade children enrolled in public and private schools SY 2002-2003. A follow up survey is planned for 2005-06.

Notes - 2003

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health "Make Your Smile Count" survey of third grade children, 2001-02.

Denominator: the number of third grade children enrolled in public and private schools SY 2002-2003. A follow up survey is planned for 2005-06.

Notes - 2004

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health "Make Your Smile Count" survey of third grade children, 2001-02.

Denominator: the number of third grade children enrolled in public and private schools. Future data are dependent on funding for another survey.

a. Last Year's Accomplishments

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department contracted with Children's Health Alliance of Wisconsin (CHAW), the Title V grantee for statewide child health system building, to manage Healthy Smiles for Wisconsin: Seal-a-Smile initiative.

In 2003-04, 14 community or school-based programs hosted 102 Wisconsin Seal-A-Smile program events. Seal-A-Smile delivered sealants to 2,898 Wisconsin children during the 2003-2004 school year. It is estimated that Seal-A-Smile saved 2.5 molars from decay per child sealed. In addition to placing almost 12,500 dental sealants, Seal-A-Smile referred 1,049 children for dental care, delivered fluoride to 1,459 children and provided oral health education to 7,032 children. In collaboration with the Centers for Disease Control and Prevention, health economists calculated that on average, it costs Seal-A-Smile \$21 to deliver the screening, preventive, and referral services to each child. Taking into account Medicaid reimbursement for sealants, the state cost per child would be \$41.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children, including CSHCN

CHAW is actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal-a-Smile initiative. CHAW conducted regional meetings for Seal-a-Smile grantees. The CDC conducted an economic evaluation of the Wisconsin Seal-a-Smile program was accepted by the American Public Health Association for presentation. Software was used to collect program data collection in cooperation with the Center for Disease Control and Prevention.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance was provided for 14 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant monitored the Children's Health Alliance contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-A-Smile grants.

Over \$56,000 in state GPR funds were distributed to initiate over 14 funded programs and 102 events. These program funds were distributed in July 2004 and the fourth grant cycle will be completed in June 2005. Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2005.

The Healthy Smiles for Wisconsin Coalition continued to grow and promote oral health prevention through a steering committee, policy development committee, prevention/clinical care committee, and sustainability committee.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN

County oral health 3rd grade surveys were conducted in Rusk and Chippewa Counties.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Healthy Smiles for Wisconsin Seal-a-Smile Program	X			
2. Healthy Smiles for Wisconsin-Oral Health Infrastructure Support				X
3. Technical Assistance		X		
4. Oral Health Surveillance			X	
5. Governor's KidsFirst Initiative				X

b. Current Activities

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department is contracting with CHAW to manage the Healthy Smiles for Wisconsin: Seal-a-Smile initiative in 2004-05. There are 12 community or school based programs as a result of the Wisconsin Seal-A-Smile program. Program data is being collected and reported using SEALS the CDC software designed and piloted with assistance from Wisconsin Seal-a-Smile Programs.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children, including CSHCN

The Division contracts with Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building. They have been actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal-a-Smile initiative and the Wisconsin Oral Health Coalition, a statewide advocacy and education group. Wisconsin Seal-a-Smile initiative allows for the implementation of a statewide screening program to determine the prevalence of dental sealants in children in Wisconsin and increase the number of preventive dental sealants placed on school-aged children. Children's Health Alliance is conducting regional meetings for Seal-a-Smile grantees to promote the use of software to collect data in cooperation with the Center for Disease Control and Prevention. An economic evaluation is in its second year. The Department included a Seal-a-Smile program expansion in this biennial budget period.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance is being provided for 12 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant monitors the Children's Health Alliance contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Over \$56,000 in state GPR funds are distributed to initiate over 12 funded programs. These program funds were distributed in July 2003 and the third grant cycle will be completed in June 2005. Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2005.

The Healthy Smiles for Wisconsin Coalition is promoting policy development proposals through the steering committee, policy development committee, prevention/clinical care committee and sustainability committee. Policy development changes included Medical Assistance reimbursement for fluoride varnish placed by medical providers and inclusion of oral health as a significant portion of the Governor's "KidsFirst" initiative.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN

Two 3rd grade surveys were completed in Clark and Vilas County during 2004.

c. Plan for the Coming Year

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department will contract with the Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building, to manage Healthy Smiles for Wisconsin: Seal-a-Smile initiative in 2004-05. There are 12 community or school-based programs as a result of the Wisconsin Seal-A-Smile program.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children, including CSHCN

The Department will contract with Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building, will be actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal-a-Smile initiative. Children's Health Alliance will conduct regional meetings for Seal-a-Smile grantees. The purpose will be to streamline data collection and review best practices.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance will be provided for approximately 12 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant will monitor contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants. It is anticipated that the state-funded program will expand in 2005-06.

Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2005.

The Healthy Smiles for Wisconsin Coalition will promote policy development proposals through the steering committee, policy development committee, prevention/clinical care committee and sustainability committee. Policy development changes will include increased use of the dental hygienist in Seal-a-Smile programs and inclusion of oral health as a significant portion of the Governor's "KidsFirst" initiative.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN

Four county surveys are planned through Beyond Lip Service, a grant through Wisconsin Partnership for a Healthy Future to measure dental sealants and provide needs assessment data.

NPM 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	4.0	3.9	3.8	3.3	3.2
Annual Indicator	3.5	3.3	3.5	3.6	
Numerator	39	38	36	39	
Denominator	1,121,610	1,136,782	1,028,927	1,094,410	
Is Data Provisional or Final				Final	
	2005	2006	2007	2008	2009
Annual Performance Objective	3.2	3.1	3.0	3.0	3.0

Notes - 2002

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Deaths, 2001, Madison, Wisconsin, 2001. Denominator: Table A1. Wisconsin Bureau of Health Information, Wisconsin Population by age and sex, July 1, 2001. Wisconsin Deaths, 2001. Data issues: Data for CY2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy, Wisconsin Deaths, 2003, Madison, Wisconsin, 2005. Denominator: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish/>, Population Module, accessed 03/01/2005.

Notes - 2004

Data issues: Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: Motor vehicle crashes continue to be a leading cause of unintentional injury death. According to Wisconsin Department of Health and Family Services Interactive Statistics on Health (WISH) in 2003 there were 33 children aged 14 or younger killed via motor vehicle related crashes. LHDs and others continue community education and outreach through car seat safety, bicycle safety, and other efforts to impact Outcome Measure #6, the child death rate per 100,000 children aged 1 through 14. Twenty-six of Wisconsin's local public health departments in 2004 worked on child passenger safety related projects using maternal child health block grant monies.

1. Car Seat Safety Inspections--Enabling Services--Infants and children

Through the performance-based contracts, approximately 26 LHDs and a number of Day and Child Care providers continued to provide health and safety education regarding proper installation and use of car (including infant and booster) seat restraints. Some staff renewed the requirements to retain their status as child passenger safety technicians.

2. Community Education and Outreach--Population-Based Services--Infants and children

Worked with DOT, SAFEKIDS, Wisconsin Safety Belt Coalition and other partners to provide outreach and public education to increase knowledge and resources available to reduce deaths from motor vehicle crashes. Wisconsin Child Passenger Safety Association (WCPSA) continued working on its goals of: Creating awareness to protect children by encouraging safe transportation; working with local, state and federal agencies to strengthen child restraint and safety seat laws; providing continuing education and support for child passenger safety technicians; educating both professionals and families; and promoting and providing community resources and a communication network. Wisconsin communities continued to participate in "Walk to School Day".

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Car seat safety inspections		X		
2. Community education and outreach			X	

b. Current Activities

1. Car Seat Safety Inspections--Enabling Services--Infants and children

In 2004, approximately 26 LHDs continue to provide health and safety education regarding proper installation and use of car (including infant and booster) seat restraints through the performance-based contracts. In anticipation of new Federal standards, part of Governor Doyle's "KidsFirst" Initiative, announced in Spring, calls for the passing of legislation establishing stricter child passenger safety standards, including child safety seats and booster seats for infants, toddlers, and small children. Booster seat legislation was proposed in February and April of 2005 in both the House and Senate.

2. Community Education and Outreach--Population-Based Services--Infants and children

Wisconsin communities plan to continue to participate in "Walk to School Day" and "Walkable Community" activities and planning. Many LHDs continue to provide bicycle safety education. DOT continues their work in educating parents about child transport safety as well as ensuring safe routes for children to walk or bike to school (particularly in Milwaukee).

3. Enhancement and Expansion of Partnerships--Infrastructure Building Services--Infants and children

The Injury Prevention Coordinating Committee and its partners (DPH Central and Regional Offices, SAFEKIDS, Waisman Center, Population Health, Bureau of Health Information and Policy, Injury Research Center, Department of Public Instruction, and others) continue their efforts along with WCPSA. Impacting Intentional and Unintentional Injuries and Violence, one of "Healthiest Wisconsin 2010" health priorities, is ongoing.

c. Plan for the Coming Year

1. Car Seat Safety Inspections--Enabling Services--Infants and Children

As these types of services continue to be identified as a local need, it is anticipated that LHDs and others will continue to provide them.

2. Community Education and Outreach--Population-Based Services--Infants and children

DOT and others will continue outreach activities and public education, in concert with Governor Doyle's "KidsFirst" Initiative.

3. Enhancement and expansion of partnerships--Infrastructure Building Services--Infants and children

As opportunities are identified, new partnerships will be developed and/or current partnerships enhanced or expanded to accomplish the work of the projects and new initiatives.

NPM 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	75.0	67.5	68.0	71.0	72.0
Annual Indicator	67.7	70.1	73.0	71.0	
Numerator	4,600	4,153	1,449	2,556	
Denominator	6,795	5,924	1,985	3,600	
Is Data Provisional or Final				Final	
	2005	2006	2007	2008	2009
Annual Performance Objective	74.0	75.0	76.0	77.0	77.5

Notes - 2002

Source: 2001 Mothers Survey, Ross Products Division. Numerator: Unweighted data. Denominator: Unweighted data. Data issues: Breastfeeding data are not recorded on the Wisconsin birth certificate or hospital discharge data; therefore, the data we report comes from the Ross Mothers Survey; an ongoing survey mailed to a representative sample of new mothers with infants 1 month, 2 months, etc. until 1 year old. The mother self-reports the type of milk her baby was fed in the hospital, at 1 week, in the last 30 days, and most often in the last week. The survey does not distinguish between exclusive and partial breastfeeding.

Notes - 2003

Source: 2003 Mothers Survey, Ross Products Division. Numerator: Unweighted data. Denominator: Unweighted data. Data issues: Breastfeeding data are not recorded on the Wisconsin birth certificate or hospital discharge data; therefore, the data we report comes from the Ross Mothers Survey; an ongoing survey mailed to a representative sample of new mothers with infants 1 month, 2 months, etc. until 1 year old. The mother self-reports the type of milk her baby was fed in the hospital, at 1 week, in the last 30 days, and most often in the last week. The survey does not distinguish between exclusive and partial breastfeeding.

Notes - 2004

Data for 2004 are not available until 2006.

a. Last Year's Accomplishments

NPM #11 Percentage of mothers who breastfeed their infants at hospital discharge. Impact on National Outcome Measures: The advantages of breastfeeding are indisputable and include nutritional, immunological and psychological benefits to both infant and mother as well as benefits to the community.

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, approximately 30% of the LHD selected objectives related to healthy birth outcomes through care coordination services. One LHD selected an objective of breastfeeding initiation for one month or more through care coordination. This agency reported that 74% of the women who received care coordination breastfed for at least one month. Another LHD together with their local breastfeeding coalition sponsored an infant/child expo targeting the benefits of breastfeeding and increased awareness among attendees.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, one LHD chose the peer mentoring program for the support of breastfeeding. The agency reported that an African American Breastfeeding Alliance representative has been attending the peer mentoring committee meetings. Peer mentoring programs have been found to be very effective at promoting and supporting breastfeeding, especially in disadvantaged and low-income populations.

The Title V funded agencies continue to coordinate breastfeeding activities with the WIC Program at a state and local level for pregnant women, mothers and infants. This includes referrals for care from WIC to the MCH program and from MCH to WIC.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

The Wisconsin Breastfeeding Coalition continues to promote breastfeeding as the cultural norm through public education and awareness. The Coalition distributed fact sheets and sample policies promoting breastfeeding in communities. The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project includes a public awareness campaign that aired on Milwaukee buses during the summer of 2004.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin implementation plan outlined several infrastructure components that were in development in CY 2004 including a skin-to-skin brochure and presentation in collaboration with the Wisconsin Association of Perinatal Care and an interactive CD-ROM for employers to support breastfeeding women returning to the worksite. How To Support A Breastfeeding Mother -- A Guide for the Childcare Center was distributed to local breastfeeding coalitions.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Performance Based Contracting	X			
2. Statewide Breastfeeding Activities		X		
3. The Wisconsin Breastfeeding Coalition			X	
4. Collaboration and Partnerships: Implementation of the Loving Support Campaign				X

b. Current Activities

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2005, approximately 30% of the LHD selected objectives related to healthy birth outcomes through care coordination services. A number of LHDs selected an objective of breastfeeding initiation and duration rates through care coordination, breastfeeding education, and postpartum breastfeeding support. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants. A breastfeeding educator certification program will be held in Green Bay in August 2005 to increase the number of professionals that have additional training in breastfeeding promotion and support.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

The peer counseling and mother-to-mother support programs are being promoted to LHDs and local breastfeeding coalitions. These programs are being promoted for use in populations where breastfeeding initiation is low (African American and Hmong) and to the general population where breastfeeding is low. By August 2005, at least 14 Hmong and Hispanic peer counselors will be trained in their native languages through the Bilingual Breastfeeding Peer Counselor Project.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

Through the Loving Support Project, the 10 Steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the rate of breastfeeding success. The "Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin" project includes a public awareness campaign that will continue to be promoted to local media outlets.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

The WIC Breastfeeding Coordinator continues to serve as chair of the Wisconsin Breastfeeding Coalition (WBC) during CY 2005 and will work with the Nutrition and Physical Activity Grant to include/promote breastfeeding as strategy to prevent childhood overweight and will coordinate the strategic planning process with WBC to identify priorities for the future. WBC partners continue to partner in other groups such as the Hunger Task Force of Milwaukee and Mercury Free Wisconsin.

c. Plan for the Coming Year

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

LHDs will continue to focus efforts on healthy birth outcomes including increasing breastfeeding initiation and duration rates through prenatal breastfeeding education and postpartum breastfeeding support. Through the Loving Support Project, the 10 steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the care provided at the time of birth and improve the rate of breastfeeding success. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants. The provision of breastfeeding information during pregnancy impacts the woman's decision to initiate breastfeeding.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

The peer mentoring and the mother-to-mother support programs will be promoted to LHDs and local breastfeeding coalitions. The programs will be promoted for use in populations where breastfeeding initiation is low (African American and Hmong) and to the general population

where breastfeeding duration is low. The development of local breastfeeding coalitions as well as the implementation of additional chapters of the African American Breastfeeding Alliance will be explored.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

As the Loving Support plan is being implemented it is anticipated that a number of LHDs and breastfeeding coalitions will focus efforts on breastfeeding promotion and education campaigns.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding

Continue to develop and implement the activities as outlined in the Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin plan. This includes work with employers and child care providers to focus efforts increasing duration of breastfeeding and exclusive breastfeeding.

NPM 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	50	70	90	93	94
Annual Indicator	71.0	89.1	93.8	94.5	94.5
Numerator	31,105	58,757	63,269	64,921	65,528
Denominator	43,799	65,913	67,431	68,688	69,308
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	96	96	97

Notes - 2002

Comment: Data collected via fax-back survey of all birth hospitals in early 2003.

Data issues: Numbers of births and babies screened are self-reported on the fax-back survey.

Beginning in 2004, data will be collected from the new Wisconsin Early Hearing Detection and Intervention Tracking, Referral and Coordination (WE-TRAC) System.

Notes - 2003

Comment: Data on hearing screening are reported on one page of the newborn blood-spot card that goes to the Wisconsin State Lab of Hygiene. The data are delivered to us as a tab delimited file at least once a month, converted to a SAS dataset, and used to compile monthly reports on hearing screening in Wisconsin. The hearing screening records are also sent directly to the Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination (WE-TRAC) System.

Data issues: Hearing screening results are occasionally separated from the blood card, delaying accurate reporting. Alternatively, sometimes the blood screening is repeated, but not the hearing screening, therefore, there may be duplicate (inaccurate) reporting. Beginning in 2005, data will be collected directly from WE-TRAC which will place accurate testing and follow-up responsibility on the birth hospitals, lessening the possibility that hearing screening results (and follow-up services) will be lost or delayed.

Notes - 2004

Data on hearing screening are reported on one page of the newborn blood-spot card that goes to the Wisconsin State Lab of Hygiene. The data are delivered as a space-delimited file at least once a month, converted to a SAS dataset, and used to compile monthly reports on hearing screening in Wisconsin. The hearing screening records are also sent directly to the Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination (WE-TRAC) System.

Data issues: Hearing screening results are occasionally separated from the blood card, delaying accurate reporting. Alternatively, sometimes the blood screening is repeated, but not the hearing screening, therefore, there may be duplicate (inaccurate) reporting. Beginning in 2005, data will be collected directly from WE-TRAC which will place accurate testing and follow-up responsibility on the birth hospitals, lessening the possibility that hearing screening results (and follow-up services) will be lost or delayed.

a. Last Year's Accomplishments

1. Support Services for Parents--Enabling Services--CSHCN

The Second Annual Conference for Families of a Deaf or Hard of Hearing Child was planned by parents and sponsored by the Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESPDHH) Outreach Program with support from DPI, DHFS and WSB. Attendance was double that of the first conference.

The Guide-By-Your-Side (GBYS) program, a parent support program, grew out of the 2003 Parent Summit. GBYS is funded by a DPI discretionary grant administered by the WESPDHH Outreach program. GBYS matches trained parents ("Parent Guides") with parents of newly identified children who are deaf or hard of hearing. Parent Guides are paid for up to three visits to provide support, unbiased information and links to resources like early intervention. Bilingual Parent Guides fluent in Spanish and ASL are available statewide.

2. Wisconsin Sound Beginnings (WSB)/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

The NBS program distributed a revised blood card with changes to hearing screening fields. WSB contributed to the NBS annual newsletter and the "Wisconsin Health Care Professionals' Guide to Newborn Screening."

3. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

The Wisconsin EHDI/American Academy of Pediatrics (AAP) Chapter Champion submitted a grant proposal to the AAP. The proposal was funded and was used to work collaboratively with the Wisconsin Chapter of Hands and Voices to launch an awareness campaign during May, Better Speech and Hearing Month. Legislative invites were hand delivered by children and their parents, radio interviews were conducted and aired, and a breakfast with legislators was convened.

4. The Wisconsin Pediatric Audiology Training--Infrastructure Building Services--CSHCN

WSB presented at the Wisconsin Speech Pathology and Audiology Association (WSHA) fall update and annual spring conference on pediatric audiology topics and the Guide-By-Your-Side Program.

5. Home Births Initiative--Direct Health Care Service--Pregnant women, mothers, and infants

A grant was submitted to AHEC for hearing screening equipment for the Western Region home birth population but was denied.

6. Guide-By-Your-Side Program--Infrastructure Building Services--CSHCN

Regional interviews were conducted, and parent guides were hired and trained.

7. WE-TRAC--Infrastructure Building Services--CSHCN

Based on analysis of data from the blood card, both automated and manual de-duplication processes in WE-TRAC were enhanced. PCP involvement in WE-TRAC and the early intervention components of WE-TRAC have begun to be defined to include the State Birth-3 Program and GBYS programs. The CHL form, "Just-In-Time" information for physicians, and NBS data reports were also made available on the WE-TRAC website.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Support services for parents		X		
2. Wisconsin Sound Beginnings (WSB)/Congenital Disorders Program			X	
3. Outreach/Public Education		X		
4. Wisconsin Pediatric Audiology Training				X
5. Home Births Initiative	X			
6. Guide-By-Your-Side Program				X
7. WE-TRAC				X

b. Current Activities

1. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

WSB will continue to make available outreach materials related to the importance of screening such as "A Sound Beginning for Your Baby" to hospitals and providers through necessary reprinting. WSB will also provide consultation to the development of a Spanish version of the Babies and Hearing Loss Interactive Notebook for Families. WSB will distribute a mailing to pediatric primary care providers regarding next steps in the care of a child diagnosed as deaf or hard of hearing, as well as special considerations for conditions such as unilateral hearing loss and Usher's Syndrome.

2. Support Services for Parents--Enabling Services--CSHCN

The Third Annual Conference for families with deaf, deaf-blind, and hard of hearing children occurred in March 2005. 120 Families (560 people including volunteers and staff) attended the conference. Ten Spanish Speaking families also attended this year. The GBYS Program continues to be supported through ongoing training and promotion. 32 Families have been enrolled in the GBYS program including 10 Spanish speaking families.

3. Birth-3 Technical Assistance Network--Infrastructure Building Services--CSHCN

Discussions will continue with key partners to provide the Birth-3 Technical Assistance Network with oversight and direction as well as to continue to foster support and commitment to the importance of the existence and function of this network. Issued capacity building mini-grants to Birth-3 Programs. Mini-grants focus on increasing positive outcomes, especially as it pertains to the promotion of language and social emotional development in young children who are deaf or hard of hearing. Applicants were encouraged to demonstrate collaboration across programs, agencies and systems statewide, including GBYS and WESPDHH. Grantees will be brought together to demonstrate the outcomes of their grant projects and learn from one another.

4. WSB/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

WSB will continue to provide regular updates regarding hearing screening through the WSLH Newborn Screening Program Newsletter. Congenital Disorders staff at the State Lab of Hygiene are becoming familiar with the WE-TRAC System so that they can do some system management functions.

5. UNHS Implementation Workgroup--Infrastructure Building Services--CSHCN

The Workgroup will continue to meet quarterly. From this network of committed individuals new projects will be identified and addressed. This group will continue to advise the direction and focus of the Wisconsin Sound Beginnings Program.

6. WE-TRAC--Infrastructure Building Services--CSHCN

Phased statewide rollout will continue to hospitals, audiologist, and clinical practice organizations.

c. Plan for the Coming Year

1. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

A poster targeted to families will be designed and distributed to physicians, Birth-3 Programs and Early Head start programs. The purpose of the poster will prompt parents to ask questions and initiate discussion with their physician about their baby's hearing. The poster will also serve as a reminder to the physician that a baby's hearing status is important.

2. Support Services for Parents--Enabling Services--CSHCN

The Fourth Annual Conference for families with deaf, deaf-blind, and hard of hearing children will occur in March 2006 in the Northeastern region of the state. Past conferences have been held in the Southern region. The Guide-By-Your-Side Program will be expanded. Parents of deaf and hard of hearing children who are already serving as Parent Guides with the GBYS Program will receive additional training on how to make phone calls to parents after their baby refers. This expansion of the GBYS Program will be called the GBYS Follow-Through Program. Consent will be needed to participate. Three different support materials will be developed; a Talking Points Guide for Nurses, "Follow-Through Card", and a referral form. The Talking Points Guide will assist nurses in discussing the screening results and the Follow-Through Program. The card will inform families about their parent guide and contact information. The referral form will gather parent contact information and consent. The referral form will be sent to the WSB Program Director who will then notify the Parent Guide to contact the family as soon as possible. The Follow-Through Parent Guides will: a) stress the importance of following up; b) assist with follow-up appointment; and c) problem solve any barriers to follow-up.

3. Birth-3 Technical Assistance Network--Infrastructure Building Services--CSHCN

An early intervention summit will be planned for Fall of 2006. National and local experts will introduce research that supports best practices for early intervention of young deaf and hard of hearing children. The mini-grantees will also present on the outcomes of their mini-grants. State leaders, parents will be invited to participate in the last two days of the summit. The national experts will facilitate discussion related to strategies for implementing best practices in early intervention and help state leaders develop a plan for future directions

4. UNHS Implementation Workgroup--Infrastructure Building Services--CSHCN

The Workgroup will continue to meet quarterly to advise the direction of the Wisconsin Sound Beginnings Program and provide feedback on current initiatives.

5. Reduce Lost to follow-up--Infrastructure Building Services--CSHCN

Develop statewide referral networks of Early Hearing Detection and Intervention Stakeholders through provider mini-grants and the development of quality assurance guidelines.

NPM 13: *Percent of children without health insurance.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	5.0	5.0	4.5	3.0	2.9
Annual Indicator	5.1	2.6	2.6	2.0	
Numerator	68,000	35,000	35,000	26,000	
Denominator	1,345,000	1,365,000	1,345,000	1,300,000	
Is Data Provisional or Final				Final	
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2

Notes - 2002

Source: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, Family Health Survey, 2001. Madison, Wisconsin: 2001. Numerator: Weighted data. Denominator: Weighted data. Data issues: The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2003. Madison, Wisconsin: 2005. Numerator: Weighted data. Denominator: Weighted data. Data issues: Estimated numbers have been rounded to the nearest 1,000. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen.

Indicator: 2003 data indicate a decrease in the percentage of children without health insurance in Wisconsin. The state's continued progress in reducing the percentage of children without health insurance can be associated with Wisconsin's maintenance of its "open enrollment policy" for BadgerCare and Medicaid. Despite a major deficit in the 2003-2005 biennial budget, only minor changes were made to Medicaid/BadgerCare's scope of services and its enrollment policies. Therefore, while other states opted to cap enrollment or to implement enrollment cuts, Wisconsin's "family Medicaid enrollment" has continued to increase. Because Wisconsin's "Children's Health Insurance Program" enrolls whole families, parents have an economic

incentive to continue to enroll children. We have flat-lined out objectives to 2009 because we think it is unreasonable to go below 2% for this indicator.

Notes - 2004

Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

1. Medicaid Outreach Overview--Enabling Services--Children, including CSHCN

In 2004, total family Medicaid recipients increased by 28,414, or about 5.6% in Wisconsin. The family Medicaid enrollment as of December, 2004 totaled 529,318, compared with 500,904 as of December 2003. These increases are more than double the family Medicaid enrollments of the mid-1990s.

With these significant and continuing increases, there were no direct Title V-funded interventions to further Medicaid and Wisconsin's CHIP program in 2004. We continued to provide a certain amount of technical assistance to local health departments and affected individuals surrounding outreach issues.

2. Covering Kids/Families Wisconsin--Enabling Services--Children, including CSHCN

This Robert Wood Johnson-funded outreach grant continued in its third year in 2004. The main goal of the grant is to help enroll children and families in public health insurance programs. Two of Wisconsin's local health departments, the LaCrosse County Health Department and the City of Milwaukee Health Department, serve prominently in two Covering Kids/Families local coalitions. In a related accomplishment, another funded local coalition in connection with the Covering Kids/Families Wisconsin grant, ABC for Health, was awarded one of 20 \$25,000 grants from the University of Wisconsin Medical School's Wisconsin Partnership Fund. These funds were part of the inaugural round of public health grants from the Blue Cross/Blue Shield of Wisconsin's asset conversion process.

3. Medicaid Administrative Claiming--Enabling Services--Children, including CSHCN

Title V staff met intermittently with Medicaid staff and Department staff in 2004 to seek approval to allow public health departments to claim added federal reimbursements through Medicaid Administrative Claiming.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medicaid Outreach Overview		X		
2. Covering Kids/Families Wisconsin		X		
3. Medicaid Administrative Claiming		X		

b. Current Activities

1. Medicaid outreach overview--Enabling Services--Children, including CSHCN

Title V staff continue to monitor enrollment trends in Wisconsin Medicaid and in BadgerCare, the Wisconsin CHIP Program.

2. Covering Kids/Families Wisconsin--Enabling Services--Children, including CSHCN

Title V staff remain as active participants in the Covering Kids/Families Wisconsin grant. Oral health is emerging as a major interest of the group.

3. Medicaid Administrative Claiming activities--Enabling Services--Children, including CSHCN
The Bureau of Health Information and Policy is currently convening a public health financing workgroup that is engaging Medicaid staff, Department staff and public health staff on various financing topics.

c. Plan for the Coming Year

1. Medicaid outreach overview--Enabling Services--Children, including CSHCN
We intend to maintain the activities of recent years in this area.

2. Covering Kids/Families Wisconsin--Enabling Services--Children, including CSHCN
We intend to maintain the activities of recent years in this area.

3. Medicaid Administrative Claiming activities--Enabling Services--Children, including CSHCN
We intend to emphasize the acquisition of Medicaid claiming dollars as we continue to meet with the public health financing workgroup. A Title V-funded policy analyst is the lead analyst for the State Health Plan's "equitable, adequate and stable financing" priority.

NPM 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	96.5	93.4	93.5	93.6	93.8
Annual Indicator	93.3	93.4	93.3	93.4	83.6
Numerator	278,311	289,437	318,311	354,265	346,556
Denominator	298,280	309,851	341,134	379,420	414,652
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	94.0	94.5	95.0	95.2	95.0

Notes - 2002

Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2002.

Notes - 2003

Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2003.

Notes - 2004

Source: Numerator and Denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2004. Indicator: In our managed care-oriented "family Medicaid system," the percentage of child Medicaid/BadgerCare recipients actually receiving Medicaid through an HMO has been steadily dropping. As of April, 2005, the total number of recipients receiving MA through an HMO was about 353,000, according to the Wisconsin Assn of Health Plans. However, the total family Medicaid population has grown to 535,000. Therefore, only 65.9% family Medicaid recipients received services. Also, Medicaid HMOs have steadily withdrawn

geographically from the rural areas. We have not revised our objectives because we believe that the 2003 indicator reflects the population entering the Medicaid program and does not accurately reflect trends.

a. Last Year's Accomplishments

1. HealthCheck Outreach--Population-Based Services--Children

The Title V program has engaged comparatively little effort in this area in the past year. After planning and helping host EPSDT-related outreach conferences for public health departments in past years, a Title V policy analyst was transferred to another role. Here is a possible explanation of the drop in the percentages of Medicaid-eligible children actually receiving a Medicaid service in 2004. In Wisconsin's managed care-oriented "family Medicaid system," the percentage of child Medicaid or BadgerCare recipients actually receiving Medicaid through an HMO has been steadily dropping. As of April 2005, the total number of recipients receiving Medicaid through an HMO is about 353,000, according to the Wisconsin Association of Health Plans. However, the total family Medicaid population has grown to 535,000. This means that only 65.9% of all family Medicaid recipients receive Medicaid through a system with financial incentives to render a prescribed complement of Medicaid services in Wisconsin. (Medicaid HMOs have part of their Medicaid reimbursements recouped unless they render HealthChecks to 80% of their enrolled MA-eligible child recipients.)

In recent years, Medicaid HMOs have steadily withdrawn geographically from the rural areas, especially.

Summary: The number of children enrolled in Medicaid/BadgerCare has steadily grown. The number who receive Medicaid through a system that provides financial incentives to actually render services under Medicaid has not.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. HealthCheck Outreach				X

b. Current Activities

1. HealthCheck Outreach--Population-Based Services--Children

There are currently few activities under way to address this issue. Some outreach conferences may be planned and implemented in coming years through the "Blue Cross/Blue Shield asset conversion funds" for public health initiatives.

c. Plan for the Coming Year

1. HealthCheck Outreach--Population-Based Services--Children

There are few plans under way in 2006 to address this issue. Some outreach conferences may be planned and implemented in coming years through the "Blue Cross/Blue Shield asset conversion funds" for public health initiatives.

NPM 15: *The percent of very low birth weight infants among all live births.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.2	1.3	1.3	1.3	
Numerator	855	885	863	908	
Denominator	69,289	69,012	68,510	69,999	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	1.2	1.2	1.1	1.1	1.0

Notes - 2002

#Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003.

Data issues: The objectives, although flatlined to 1.0% through 2004, and .9% for 2007 and 2008, reflect realistic outcomes given the limits of clinical ability to manage preterm labor and the increasing rate of high-order multiple births. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy, Wisconsin Births and Infant Deaths, 2003. October 2004.

Data issues: Our objectives, flatlined at 1.0% through 2004, increase to 1.2% for 2005 and 2006, then decrease to 1.1% for 2007 and 2008, and decrease again in 2009 to 1.0%, reflect realistic outcomes given the limits of clinical ability to manage preterm labor and the increasing rate of higher-order multiple births; additionally, national and state data for this indicator reflect a slight increase overall in the rate of very low birth infants.

Notes - 2004

Data for 2004 are not available until from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #15 relates to National Outcome Measures #1, #2, #3, and #5. VLBW is directly related to morbidity and mortality in the perinatal period. In 2003, the very low birthweight percentage in Wisconsin was 1.3% among all births (908/69,999). Each of the activities identified below focuses on improving infant mortality and other perinatal indicators including the percent of very low birth weight live births.

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

In 2004, the Title V Program funded 32 LHDs totaling 36 objectives addressing perinatal care coordination and related services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants
PNCC services are available to Medicaid-eligible pregnant women with a high-risk for adverse pregnancy outcomes. In State Fiscal Year 2004, 8787 women received PNCC services from 104 providers. The Title V MCH/CSHCN Program staff collaborated with DHCF to revise and pilot test the initial assessment tool, provide regional education sessions, and complete a survey to assess WIC/PNCC collaboration.

3. Healthy Babies Initiative--Infrastructure Building Services--Pregnant women, mothers, infants
Five regional and 2 racial/ethnic Healthy Babies Action Teams met following a perinatal summit to identify new approaches to improve perinatal outcomes and reduce disparities. Title V program staff served on the Healthy Babies Steering Committee and supported the goals to increase awareness of infant mortality and disparities, identify evidence-based strategies, and support the Action Teams. Title V activities included: 1) publishing a report in the Wisconsin Medical Journal, 2) conducting a literature search to identify evidence-based practices to reduce fetal-infant mortality, 3) hosting the Action Team meeting focusing on disparate African American infant mortality rates; 4) providing presentations at other team meetings; 5) negotiating with MCH-funded statewide projects for additional support activities, and 6) submitting a grant application for a project to build on the initiative.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants
Title V staff participated in a national Healthy Start meeting and collaborated with the Milwaukee Healthy Beginnings Project of the Black Health Coalition and the Honoring Our Children Project of Great Lakes Inter-Tribal Council.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants
The Wisconsin Association for Perinatal Care provided education on topics including the life span approach, perinatal depression, unlearning racism, and preconception. The Infant Death Center of Wisconsin provided education, focus groups, and facilitation of Healthy Babies teams.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V Funded Perinatal Services		X		
2. Prenatal Care Coordination		X		
3. Healthy Babies in Wisconsin Initiative				X
4. Federal Healthy Start Projects			X	
5. Title V funded statewide projects: Wisconsin Association for Perinatal Care and Infant Death Center of Wisconsin				X

b. Current Activities

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

For 2005, the Title V program funded 32 LHDs totaling 35 objectives to do perinatal care coordination and related services

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program is collaborating with the DHCF to finalize revisions of the PNCC initial assessment tool and plan statewide implementation and education. To build on PNCC services, a prenatal component was included in a Milwaukee Comprehensive Home Visiting Program.

3. Healthy Babies Initiative--Infrastructure Building Services--Pregnant women, mothers, infants

The Healthy Babies Action Teams continue to explore regional and racial/ethnic approaches to improve perinatal outcomes and reduce disparities in adverse pregnancy outcomes. Select activities include efforts to increase awareness of stress during pregnancy in the Western Region and a focus on tobacco cessation in the Southeast Region. The Title V Program will continue to be represented on the Steering Committee. An AMCHP presentation in February 05 focused on "Racial and Ethnic Disparities in Wisconsin."

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program staff serve on steering/advisory committees for both Healthy Start projects in the state. The Black Health Coalition and Great Lakes Inter-Tribal Council are key partners of the Healthy Babies initiative. The Milwaukee Healthy Beginnings Project and the Honoring Our Children Project both provide services to increase first trimester prenatal care and decrease VLBW and infant mortality including outreach, education, case management, referral and follow-up services.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

The WAPC annual conference featured major presentations on African American adolescent parents, multi-cultural perspectives on pregnancy, birth, and infant care, and perinatal depression. WAPC worked with a Healthy Babies Action Team to increase awareness of stress during pregnancy and opportunities for community support. At the request of CDC, WAPC members will provide 3 presentations at a national Preconception Conference and submit 2 articles for publication in a Supplement on Preconception Care of the Maternal and Child Health Journal. The Infant Death Center of Wisconsin is providing support to the Healthy Babies initiative and providing education for hospital staff on the importance of consistent SIDS risk reduction messages and modeling Back to Sleep and safe sleep practices. Beginning July 1, 2005, statewide projects will continue educational efforts and support for the Healthy Babies initiative, reconvene a Folic Acid Task Force, and plan pilot projects to implement evidence based strategies to improve birth outcomes and reduce disparities.

c. Plan for the Coming Year

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program anticipates ongoing funding of LHDs for perinatal care coordination and related services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to collaborate with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes. A series of educational sessions will be provided to PNCC providers participating in the Milwaukee Comprehensive Home Visiting Program.

3. Healthy Babies Initiative--Infrastructure Building Services--Pregnant women, mothers, infants

The Healthy Babies initiative will continue work to improve birth outcomes and address disparities with regional and racial/ethnic Action Teams. The Title V MCH/CSHCN Program will continue to support the initiative by: 1) Participating on the Steering Committee and Action Teams, 2) Funding support for related activities by Statewide Projects, and 3) Collaborating with partners on projects including the March of Dimes Prematurity Campaign and Milwaukee FIMR.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to serve on advisory committees for the Healthy Start projects and participate in the Milwaukee FIMR program. The collaborative efforts of many partners will continue to sustain the Healthy Babies initiative.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program plans to continue funding statewide projects for: a) education on evidence-based practices to improve birth outcomes and reduce disparities, b) support for the Healthy Babies initiative, c) preconception education, resources and collaborative efforts, and d) pilot projects. Pilot projects will be implemented by the statewide projects in targeted areas of the state with the highest rates of African American infant mortality. The statewide Program to Improve Maternal Health and Maternal Care will provide technical assistance and resources to support healthcare providers to increase risk assessment and follow-up services for perinatal women. The Statewide Program to Improve Infant Health and Reduce Disparities in Infant Mortality will establish a pilot project that supports healthcare providers and community organizations to implement strategies to reduce the risk of SIDS and infant mortality.

NPM 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	7	7	7	7	7
Annual Indicator	13.4	10.4	10.5	11.2	
Numerator	51	43	43	46	
Denominator	379,467	411,490	409,424	409,420	
Is Data Provisional or Final				Final	
	2005	2006	2007	2008	2009
Annual Performance Objective	9.0	8.0	8.0	7.5	7.5

Notes - 2002

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Deaths, 2001, Madison, Wisconsin, 2001. Denominator: Table A1. Wisconsin Bureau of Health Information, Wisconsin Population by age and sex, July 1, 200. Wisconsin Deaths, 2001. Data issues: Data for CY2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Sources: Numerator: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Deaths, 2003, Madison, Wisconsin, 2005. Denominator: Wisconsin Department of Health and Family Services, Division of Public

Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish/>, Population Module, accessed 05/11/05.

Notes - 2004

Data for 2004 are not available until from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LHDs provide comprehensive primary health exams using Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. Anticipatory guidance on mental health, injury and violence prevention are included. Risk assessments of depression for youth were conducted and appropriate referral and education were provided. The Milwaukee Adolescent Health Program (MAHP)-Medical College of Wisconsin continue to provide clinical services to thousands of adolescents. The Adolescent School Health Program (ASHP) at the Milwaukee Health Department continues to provide depression screening and appropriate education and referral. Other school districts are beginning to incorporate Columbia Teen Screen, screening for depression in adolescents. Mental Health Association of Milwaukee began working with the State Medical Society to discuss training opportunities for physicians around mental health and suicide.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

Numerous presentations, workshops, and displays were conducted at a variety of conferences (e.g. Children Come First, School Counselors Association, EMSC and Injury Prevention, Crisis Conference, etc.). DPI, one of SPI partners, worked with others to develop "A Resource and Planning Guide for Suicide Prevention" and training modules (see www.dpi.state.wi.us). Another partner, Helping Others Prevent and Educate about Suicide (HOPES), provides community trainings and technical support to coalitions developing suicide prevention programs and activities. HOPES and Mental Health Association of Milwaukee sit on the State's Anti Stigma Committee and share information with the Suicide Prevention Initiative members as well as with the partners they are working with across the state. Marathon County has developed a suicide review committee and a community coalition partnering with mental health, public health, coroner, law enforcement, and other community partners working to educate, provide training to professionals, provide gatekeeper training for the public, review trends identified at their suicide review committee meetings.

3. Suicide Prevention Initiative (SPI)--Infrastructure Building Services--Adolescents

SPI continues its efforts toward the implementation of the Wisconsin Suicide Prevention Strategy and is looking to expand its SPI membership to other partners around the state. There are plans for a regional suicide prevention training/conference in 2005 for Public Health Regions 3 & 5 which Wisconsin plans to participate in.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Anticipatory guidance, risk assessment, and referrals	X			
2. Training and presentations to raise awareness and reduce stigma			X	
3. Suicide Prevention Initiative				X

b. Current Activities

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LHDs (and others, e.g. MAHP) continue to provide comprehensive primary health exams using "Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents." Anticipatory guidance on mental health, injury and violence prevention are included. Risk assessments of depression for youth are being conducted and appropriate education and referral are provided. ASHP utilizes the Children's Depression Inventory (CDI) tool and for screening pregnant and/or postpartum school-aged females utilizes the Center for Epidemiologic Studies-Depression (CESD) tool.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

As in 2004, numerous presentations, workshops, and displays are being conducted and are scheduled for throughout 2005 at a variety of conferences. Mental Health Association in Milwaukee County (MHA), one of SPIs partners, again is funding one-time only mini-grants for implementing or expanding suicide prevention activities in Wisconsin schools in collaboration with community partners. Other SPI partners, DPI and HOPES, continue to provide training on suicide prevention.

Work continues with the State's Anti Stigma Committee and with the Crises Network/Crises Services to provide input into their suicide prevention crisis responses and training for their staffs.

3. Suicide Prevention Initiative--Infrastructure Building Services--Adolescents

SPI continues its efforts toward the implementation of the Wisconsin Suicide Prevention Strategy. MHA will take the lead in applying for grant funding to support this work statewide targeting youth in schools. A variety of information sharing materials have been prepared: Wisconsin Interactive Statistics on Health (WISH) Query System Module focusing on suicide deaths and hospitalizations, a Teens Suicide Fact Sheet, and maps of suicide deaths and hospitalizations by county, school districts, and criminal/juvenile justice data for youth. Implementation of "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public" is ongoing. Mental Health and Mental Disorders are one of the 11 Health Priorities. A quarterly group of Mental Health and Public Health staff are meeting on a regular basis to communicate and share activities and grant opportunities.

A team of approximately 18 people will be attending a Regions 3 & 5 Suicide Prevention Conference/Training in Pittsburgh in May. It will be their responsibility to develop a plan for suicide prevention in Wisconsin and to bring it back and implement it in WI. Materials were developed and provided to educate and share with them prior to their arrival in Pittsburgh.

c. Plan for the Coming Year

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LHDs and others (e.g. the MAHP and ASHP) will continue to provide comprehensive primary health care utilizing anticipatory guidance on mental health issues. Risk assessments of depression for youth will continue and appropriate referral and education will be provided.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

SPI partners and others will continue to provide training, presentations, workshops, and displays.

3. Suicide Prevention Initiative--Infrastructure Building Services--Adolescents

Implementation of "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public" is ongoing and will continue. Implementation of a statewide suicide prevention plan will occur along with the assistance of the expanded Suicide Prevention Initiative.

NPM 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	80.6	81.0	81.4	74.5	75.0
Annual Indicator	64.6	83.2	77.7	80.2	
Numerator	552	736	646	698	
Denominator	855	885	831	870	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	81.0	81.5	82.0	82.5	83.0

Notes - 2002

Source: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Madison, 2004. Data issues: These data for 2002 are corrected from the 2005 application/2003 report which were 570/831 = 68.6%; these data were births occurring only in Wisconsin hospitals. We are now using a consistent definition for facilities for high-risk deliveries and neonates; defined as "birth record indicates transfer "to NICU or another hospital" and the transfer hospital is the same as the birth hospital."

Corrected data since 2000 are:

2000: 676/814 = 83.0% (95% CI - 81.9%, 84.2%)
2001: 692/857 = 80.8% (95% CI - 79.5%, 82.0%)
2002: 646/831 = 77.7% (95% CI - 76.2%, 79.3%).

These data indicate a slight decrease in the percentage of very low birth infants born at high-risk facilities for deliveries and neonates.

Notes - 2003

Source: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy. Data issues: In Wisconsin, hospitals self-designate level of care. Wisconsin does not have a regulatory function to standardize these self-designations. We are now using a consistent definition for facilities for high-risk deliveries and neonates; defined as "birth record indicates transfer "to NICU or another hospital" and the transfer hospital is the same as the birth hospital." Corrected data since 2000 are:

2000: 676/814 = 83.0% (95% CI - 81.9%, 84.2%)
2001: 692/857 = 80.8% (95% CI - 79.5%, 82.0%)
2002: 646/831 = 77.7% (95% CI - 76.2%, 79.3%)
2003: 698/870 = 80.2% (95% CI - 77.6%, 82.8%)

These data indicate a slight decrease in the percentage of very low birth infants born at high-risk facilities for deliveries and neonates from 2000 to 2002, and the 2003 rate about the same as 2002. The four year average (2000-2003) is 80.4% (95% CI - 79.8%, 81.%). In addition, a Minnesota facility serves as the Level III perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

Notes - 2004

Data for 2004 are not available until from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #17 relates to National Outcome Measures #1 Infant mortality rate and #3 Neonatal mortality rate. The Perinatal Periods of Risk model identifies risk factors for neonatal mortality to include inadequate systems for referral of high-risk women in labor to appropriate facilities, inadequate systems for transfer of ill newborns to appropriate facilities, and newborn care below standards of care. A number of studies address the issue of neonatal mortality related to the size and staffing of the NICUs (Goodman, et al; Cifuentes, et al, 2002; Phibbs, et al, 1996). Hospitals in Wisconsin self designate level of perinatal care. Wisconsin does not have regulatory function to standardize these self designations. In addition, a Minnesota facility serves as the perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC published an article in the Wisconsin Medical Journal and continued discussions on regionalization of perinatal care in Wisconsin. With an increasing number of NICUs in the state, there are quality of care concerns with the attendant loss of coordination of care and more care delivered in smaller units. A number of steps were defined to address the concerns identified; actions to address quality improvement, including adoption of designations for level of care published by the AAP and the ACOG, definition of perinatal outcomes sensitive to quality of care, collection and analysis of outcomes data, and continued statewide discussions about the status of regionalized care and outcomes.

WAPC sent a survey to all birth hospitals asking them how they would designate their hospital according to the AAP guidelines. A second survey asked all self-designated perinatal centers in Wisconsin to identify and prioritize neonatal outcomes that should be monitored to measure quality of care. Based on the survey, WAPC identified seven outcomes to measure in a new data system.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wisconsin Association for Perinatal Care efforts on regionalization				X

b. Current Activities

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC will continue to redefine levels of care of birth hospitals to mirror the levels proposed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. This would entail discontinuing referring to Wisconsin hospitals by 2 levels of care and instead use six categories: Level I, Level II A-B, and Level III A-C.

c. Plan for the Coming Year

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

Regionalization is expected to be an ongoing issue for Wisconsin. Title V MCH/CSHCN Program staff will continue to work with WAPC on this issue.

NPM 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	84.0	84.1	84.2	84.7	85.0
Annual Indicator	83.9	83.7	84.2	84.7	85.0
Numerator	58129	57747	57686	59296	
Denominator	69289	69012	68510	69999	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	85.5	86.0	87.0	88.0	90.0

Notes - 2002

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003. Data issues: Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Births and Infant Deaths, 2003, October 2004.

Notes - 2004

Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #18 relates to National Outcome Measures #1 Infant mortality rate, #2 Disparity between Black and White IMR, #3 Neonatal mortality rate, and #5 Perinatal mortality rate. The overall proportion of Wisconsin women who received first trimester prenatal care was 84.7% in 2003, compared to 82% in 1993. The proportion with first trimester care increased in each age group and each race/ethnic group.

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant women, mothers, infants

In 2004, the Title V MCH/CSHCN Program funded 32 LHDs totaling 36 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants
PNCC services are available to Medicaid-eligible pregnant women with a high-risk for adverse pregnancy outcomes to ensure early and continuous prenatal care, psychosocial support and services, health and nutrition education, and referral to community services as needed. In State Fiscal Year 2004, 8787 women received PNCC services from 104 providers. The Title V MCH/CSHCN Program staff collaborated with DHCF on several initiatives to support the PNCC program and providers. The initial assessment tool for the PNCC program was revised to be more user-friendly, allow for coordination with WIC, and allow for data collection. Pilot testing and evaluation of the revised Pregnancy Questionnaire was completed. Educational sessions on Medicaid case management programs were held at 5 sites across the state. Also, a survey was completed with a sample of WIC and PNCC sites to identify barriers to receiving both services as well as service delivery models that support WIC/PNCC dual participation. Funding for the survey was from the USDA for a WIC Special Projects Concept Paper.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN program staff participated in a national Healthy Start meeting and local meetings with the Milwaukee Healthy Beginnings Project of the Black Health Coalition and the Honoring Our Children Project of Great Lakes Inter-Tribal Council. Title V Program staff presented information for the Native American Healthy Babies Action Team and provided consultation on Prenatal Care Coordination services. There was collaboration with the MHBP on the Healthy Babies initiative, the Racial and Ethnic Disparities in Birth Outcomes Action Team and the Milwaukee Fetal Infant Mortality Review Program. MHBP held an African American Community Strategic Planning Meeting on infant mortality and co-sponsored the March of Dimes Prematurity Summit and a town hall meeting with African American physicians in Milwaukee.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V funded Perinatal Services		X		
2. Prenatal Care Coordination		X		
3. Federal Healthy Start Projects			X	

b. Current Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant women, mothers, infants

For 2005, the Title V MCH/CSHCN Program funded 32 LHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depressions screening.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program is collaborating with the DHCF to finalize revisions of the PNCC initial assessment tool and plan statewide implementation. The revised Pregnancy Questionnaire is a screening tool to begin the assessment process and identify women with increased risk of adverse pregnancy outcomes including premature delivery, low birth weight baby, and fetal/infant mortality. Questions relate to risk factors such as tobacco use during

pregnancy, previous adverse birth outcomes, and other demographic, medical, and psychosocial factors. Follow-up assessment questions are identified to assist with ongoing assessment over time. Educational session will be offered to all PNCC providers to coincide with statewide implementation of the revised Pregnancy Questionnaire. The training will include education on strength-based approaches to complete the initial assessment, smoking cessation, prematurity, and other topics.

To build on PNCC services, a prenatal component was included in a Milwaukee Comprehensive Home Visiting Program scheduled to begin 7-1-05. The program will provide services for pregnant women in their first trimester continuing through age 4 of the child in targeted areas of Milwaukee with the highest infant mortality rates. Goals of the program are to: a) reduce premature birth, infant mortality, and child abuse and neglect, b) improve family functioning, and c) promote child health, safety, and development.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program staff serve on steering/advisory committees for both Healthy Start projects in the state. The Black Health Coalition and Great Lakes Inter-Tribal Council are key partners of the Healthy Babies initiative. The Milwaukee Healthy Beginnings Project and the Honoring Our Children Project both provide services to increase first trimester prenatal care and decrease VLBW and infant mortality including outreach, education, case management, referral and follow-up services.

c. Plan for the Coming Year

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program anticipates continuing to contract with LHDs for perinatal care coordination services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to collaborate with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes. A series of educational sessions will be provided to PNCC providers participating in the Milwaukee Comprehensive Home Visiting Program.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to serve on advisory committees for the Healthy Start projects and participate in the Milwaukee FIMR program. The collaborative efforts of many partners will continue to sustain the Healthy Babies initiative.